

Tennessee Department of Mental Health and Developmental Disabilities

2006 Client Satisfaction Survey Adults and Children



Research & Evaluation Unit
Division of Managed Care

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TDMHDD 2006 Client Satisfaction Survey

Table of Contents

Executive Summary	1
Agency Domain Scores	3
Adult Survey Summary – All Agencies.....	4
Children & Youth Survey Summary – All Agencies.....	6
Adult Survey Tool.....	8
Child Survey Tool.....	10

**Tennessee Department of Mental Health & Developmental Disabilities
Division of Managed Care
2006 Client Satisfaction Survey**

Executive Summary

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) Client Satisfaction Survey was first drafted in 2005 in an effort to measure state mental health consumers' perception of quality of care in a format that would also meet the requirements of the State's federal Data Infrastructure Grant (DIG) Uniform Reporting System (URS) tables and meet the Centers for Medicare and Medicaid (CMS) requirements of the current 1115(a) waiver (TennCare Partners Program). The survey tool was modeled after the Mental Health Statistics Improvement Program's (MHSIP's) Adult Satisfaction Survey and Youth Satisfaction Survey for Families (YSS-F). Tennessee's Co-Principal Investigators for the DIG collaborated with members of the Tennessee Association of Mental Health Organizations (TAMHO) to facilitate administration of the survey through the state's community mental health agencies (CMHAs).

The annual satisfaction survey was administered again in 2006 by the same CMHAs. Twenty-two agencies participated, submitting surveys from over 114 locations in 75 counties. Each agency was assigned a randomly selected series of days to administer the surveys to every individual who came in for service. If the client served was under age 18, the Youth Satisfaction Survey for Families (YSS-F) was given to the parent or caregiver of the child. For clients aged 18+, the MHSIP Adult Satisfaction survey was given to the consumer. A total of 11,513 surveys were received by TDMHDD. Among the agencies that participated, fulfillment of requested sample size varied, from 39% to 1388%, with a median fulfillment rate of 98%.

To comply with changes in MHSIP requirements, the 2006 adult and child surveys were updated to include three additional satisfaction domains comprised of 13 new questions, for a total of 13 domains. Ratings of 'Not Applicable' were recoded as missing values. Respondents with more than 1/3 of the items missing from a particular domain were excluded from the calculation for that domain. Positive responses were those marked 'Agree' and 'Strongly Agree.' Percent positive were calculated by dividing the sum of positive responses by the number of non-neutral responses for each domain. Statewide, the rate of positive responses was at least 90% for 10 of the 13 MHSIP-defined satisfaction domains: Access to Services (Adult and Child), Quality & Appropriateness (Adult), Cultural Sensitivity of Staff (Child), General Satisfaction (Adult and Child), Participation in Treatment Planning (Adult and Child), Outcomes of Services (Adult), and Social Connectedness (Child). The lowest scoring domain was Improved Functioning for adults, at 86% positive.

Seventy-six percent of adults surveyed reported having current TennCare coverage, and this number was 93% for children. Most children receiving community mental health services were male (61%), while most adults receiving services were female (67%). Nineteen percent of responding adults reported they were employed, and 24% reported unemployment (looking for work). The remainder indicated they were not in the labor force (retired, disabled, etc). Twelve percent of adults reported some contact with the criminal justice system (being arrested or going to court for something they did) during the previous year. For children, this figure was 10% during the last six months. The great majority of adults (85%) reported living in a private residence, and 75% of children surveyed were reported to live with one or both parents. Fifty-nine percent of parents/caregivers reported their child to have missed fewer than six days of school during the last semester, and 84% reported that their child was promoted to the next grade in the previous school year.

In addition to the new questions on Improved Functioning and Social Connectedness, a space for client comments was added to the 2006 survey. Over 2700 comments were collected and sorted into broad categories in an effort to quantify some of the issues that clients felt strongly enough about to write about.

The Tennessee Outcomes Measurement System (TOMS) began as a pilot at five CMHAs in September 2006 with the remainder of agencies expected to begin participation in April 2007. Methodology for the 2007 survey is proposed to interface with the TOMS. Revised satisfaction survey forms for adults and parents/caregivers are expected to become available as part of the web-based system through TeleSage by July 1, 2007.

2006 Client Satisfaction Survey Scores by MHSIP Domain

Scores calculated for the 13 MHSIP domains, based on surveys with fewer than 1/3 missing from each domain

	All CMHCs	Agency A	Agency B	Agency C	Agency D	Agency E	Agency F	Agency G	Agency H	Agency I	Agency J	Agency K	Agency L	Agency M	Agency N	Agency O	Agency P	Agency Q	Agency R	Agency S	Agency T	Agency U	Agency V	State-wide Median	State-wide Mean
Adult MHSIP Domains																									
Adult % Reporting Positively about Access	97%	99%	92%	97%	97%	99%	99%	96%	96%	100%	93%	98%	95%	98%	97%	96%	96%	93%	97%	99%	92%	99%	93%	97%	97%
Adult % Reporting Positively about Quality and Appropriateness	99%	98%	94%	99%	99%	99%	99%	98%	97%	100%	97%	100%	98%	100%	97%	97%	98%	97%	99%	99%	98%	100%	98%	98%	98%
Adult % Reporting Positively about Outcomes	90%	93%	87%	86%	89%	95%	89%	95%	88%	92%	83%	87%	91%	91%	91%	92%	85%	87%	90%	94%	86%	97%	95%	90%	90%
Adult % Reporting Positively on Participation in Treatment Planning	95%	95%	90%	94%	96%	93%	96%	94%	89%	98%	89%	98%	94%	88%	95%	94%	90%	91%	96%	97%	96%	97%	91%	94%	94%
Adult % Reporting Positively about General Satisfaction	98%	99%	96%	99%	99%	99%	100%	98%	98%	100%	100%	100%	100%	98%	99%	97%	96%	94%	98%	100%	99%	100%	98%	99%	98%
Adult % Reporting Positively about Improved Functioning	86%	88%	85%	81%	85%	92%	78%	93%	87%	88%	88%	81%	87%	86%	90%	89%	84%	81%	85%	91%	77%	96%	93%	87%	87%
Adult % Reporting Positively on Social Connectedness	87%	89%	82%	85%	88%	92%	79%	92%	85%	87%	88%	77%	84%	89%	82%	92%	85%	84%	86%	89%	81%	95%	88%	87%	86%
Child MHSIP Domains																									
% Reporting Positively about Access for Children & Youth	96%	96%	92%	94%	96%	100%	94%		97%	93%	98%	95%	86%	90%	95%	100%	93%	99%	95%	100%	93%		84%	95%	95%
% Reporting Positively on General Satisfaction with Child's Services	98%	98%	98%	98%	99%	100%	99%		98%	93%	97%	98%	95%	93%	91%	97%	100%	100%	99%	100%	99%		89%	98%	97%
% Family Members Reporting Positively on Participation in Tx Planning	99%	99%	98%	99%	98%	100%	99%		98%	100%	99%	92%	90%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	98%	98%
% Reporting Positively about Cultural Sensitivity of Staff	99%	100%	98%	99%	99%	100%	99%		99%	100%	99%	97%	95%	97%	100%	95%	100%	100%	99%	100%	100%		94%	99%	99%
% Reporting Positively about Outcomes for Children & Youth	89%	95%	84%	90%	86%	96%	94%		89%	88%	90%	82%	88%	94%	90%	97%	91%	94%	87%	98%	92%		81%	90%	90%
% Family Members Reporting Positively on Social Connectedness	96%	99%	95%	99%	96%	99%	93%		98%	94%	97%	100%	88%	90%	97%	98%	93%	99%	95%	92%	93%		94%	96%	95%

Adult Survey Questions Included in Each Domain**ADULT: ACCESS TO SERVICES**

- The location of services was convenient (parking, public transportation, distance, etc.).
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my call within 24 hours.
- Services were available at times that were good for me.

ADULT: QUALITY & APPROPRIATENESS

- Staff here believe that I can grow, change and recover.
- I felt free to complain.
- I was given information about my rights as a mental health consumer.
- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for from my medications.
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural background (race, religion, language, etc.)
- Staff helped me obtain the information I needed so that I could take charge of my managing my illness.
- Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).

ADULT: OUTCOMES OF SERVICES

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My housing situation has improved.
- My symptoms are not bothering me as much.

ADULT: PARTICIPATION IN TREATMENT PLANNING

- I felt comfortable asking questions about my treatment and medication.
- I, not staff, decided my treatment goals.

ADULT: GENERAL SATISFACTION

- I like the services that I received here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.

ADULT: IMPROVED FUNCTIONING (NEW)

- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

ADULT: SOCIAL CONNECTEDNESS (NEW)

- I am happy with the friendships I have.
- I have people with whom I can do enjoyable things.
- I feel I belong in my community.
- In a crisis, I would have the support I need from family or friends.

Child Survey Questions Included in Each Domain**CHILD: ACCESS TO SERVICES**

- The location of services was convenient for us (parking, public transp, distance, etc.)
- Services were available at times that were convenient for us

CHILD: CULTURAL SENSITIVITY OF STAFF

- Staff treated me with respect.
- Staff respected my family's religious/spiritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.

CHILD: OUTCOMES OF SERVICES

- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

CHILD: PARTICIPATION IN TREATMENT

- I helped to choose my child's services.
- I helped to choose my child's treatment goals.
- I participated in my child's treatment.

CHILD: GENERAL SATISFACTION

- Overall, I am satisfied with the services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

YOUTH/FAMILY: SOCIAL CONNECTEDNESS (NEW)

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking with about my child's problems.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

2006 Consumer Satisfaction Survey Results - State Summary

Adults	# of respond ents	% ¹ positive	SA ²	A	N	D	SD
1. I like the services that I received here.	8511	98	4502	3387	477	91	54
2. If I had other choices, I would still get services from this agency.	8465	96	4070	3408	670	217	100
3. I would recommend this agency to a friend or family member.	8445	97	4373	3370	494	136	72
4. The location of services was convenient (parking, public transportation, distance, etc.).	8422	95	3969	3524	575	260	94
5. Staff were willing to see me as often as I felt it was necessary.	8439	96	4052	3399	651	258	79
6. Staff returned my call within 24 hours.	8062	94	3578	3300	751	338	95
7. Services were available at times that were good for me.	8428	97	4072	3602	534	167	53
8. Staff here believe that I can grow, change and recover.	8274	98	3831	3485	788	118	52
9. I felt comfortable asking questions about my treatment and medication.	8381	97	4100	3565	501	170	45
10. I felt free to complain.	8313	96	3659	3646	708	235	65
11. I was given information about my rights as a mental health consumer.	8357	98	4039	3664	462	145	47
12. Staff encouraged me to take responsibility for how I live my life.	8221	97	3766	3602	653	153	47
13. Staff told me what side effects to watch out for from my medications.	8029	95	3539	3410	685	304	91
14. Staff respected my wishes about who is and who is not to be given information about my treatment.	8269	98	4193	3459	450	124	43
15. I, not staff, decided my treatment goals.	8090	93	3000	3394	1205	391	100
16. Staff were sensitive to my cultural background (race, religion, language, etc.)	7818	97	3572	3297	753	136	60
17. Staff helped me obtain the information I needed so that I could take charge of my managing my illness.	8101	96	3526	3551	752	204	68
18. Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).	7948	95	3280	3442	890	268	68
	# of respond ents	% Yes	% No				
19. Are you covered by Medicaid/TennCare?	8350	76%	24%				
20. If you used TennCare Transportation Services, were you satisfied with the services?	3798	71%	29%				
	# of respond ents	% positive	SA	A	N	D	SD
As a direct result of services I received:							
21. I deal more effectively with daily problems.	8154	92	2414	3855	1352	417	116
22. I am better able to control my life.	8156	91	2295	3718	1551	481	111
23. I am better able to deal with crisis.	8097	88	2120	3517	1665	637	158
24. I am getting along better with my family.	7999	87	2247	3428	1508	607	209
25. I do better in social situations.	7928	83	1958	3140	1784	795	251
26. I do better in school and/or work.	5950	84	1607	2221	1383	544	195
27. My housing situation has improved.	7287	84	1979	2801	1566	671	270
28. My symptoms are not bothering me as much.	8015	79	1874	3183	1585	1013	360
29. I do things that are more meaningful to me.	8031	86	2115	3429	1616	664	207
30. I am better able to take care of my needs.	8071	89	2150	3668	1521	571	161
31. I am better able to handle things when they go wrong.	8077	82	1899	3328	1706	866	278
32. I am better able to do things that I want to do.	8039	83	1984	3317	1689	800	249
	# of respond ents	% positive	SA	A	N	D	SD
For questions 33-36 please answer for relationships with persons other than your mental health provider(s)							
33. I am happy with the friendships I have.	8029	89	2551	3404	1320	573	181
34. I have people with whom I can do enjoyable things.	8072	89	2460	3593	1244	582	193
35. I feel I belong in my community.	8015	80	2057	2987	1727	877	367
36. In a crisis, I would have the support I need from family or friends.	8105	88	2809	3436	1043	561	256

¹ % positive calculated by dividing sum of positive responses by sum of non-neutral responses.

² SA=strongly agree, A=agree, N=neutral, D=disagree, SD=strongly disagree.

2006 Consumer Satisfaction Survey Results - State Summary

Adults (continued)

Please answer the following questions to let us know you are doing.

37. In which of the following places do you currently live?	8084	Respondents
a. Private Residence	6897	85%
b. Crisis Shelter	95	1%
c. Homeless/Shelter	202	2%
d. Residential Care (group home/ boarding home)	589	7%
e. Jail/Correctional Facility	31	0%
f. Institutional setting	19	0%
g. Other	251	3%
38. What is your current employment status?	7947	Respondents
a. Employed (full time or part time)	1524	19%
b. Unemployed (looking for work)	1939	24%
c. Not in labor force (Retired, homemaker, student, disabled, etc.)	4484	56%
39. In the last year, did you get arrested by police or go to court for something you did?	7346	Respondents
Yes	917	12%
No	6429	88%
40. How long have you received services from this Center?	8027	Respondents
a. Less than one month	664	8%
b. 1-5 months	1067	13%
c. 6 months to 1 year	1326	17%
d. More than 1 year	4970	62%
41. Gender	7941	Respondents
Male	2614	33%
Female	5327	67%
42. Race	8073	Respondents
a. White	5790	72%
b. Black (African American)	1981	25%
c. Native American	70	1%
d. Asian	25	0%
e. More than one race	145	2%
f. Other	62	1%
43. Ethnicity	6940	Respondents
a. Hispanic	163	2%
b. Non-Hispanic	6777	98%

2006 Consumer Satisfaction Survey Results - State Summary

Children	# of respond ents	% ¹ positive	SA ²	A	N	D	SD
1. Overall, I am satisfied with the services my child received.	2730	98	1273	1209	208	31	9
2. I helped to choose my child s services.	2638	97	1020	1311	223	69	15
3. I helped to choose my child s treatment goals.	2643	97	1036	1308	220	66	13
4. The people helping my child stuck with us no matter what.	2631	96	1176	1129	234	67	25
5. I felt my child had someone to talk to when he/she was troubled.	2650	96	1103	1206	249	74	18
6. I participated in my child s treatment.	2678	98	1251	1227	157	36	7
7. The services my child and/or family received were right for us.	2692	97	1125	1251	245	58	13
8. The location of services was convenient for us (parking, public transp, distance, etc.)	2766	96	1264	1192	209	70	31
9. Services were available at times that were convenient for us	2743	96	1156	1284	207	71	25
10. My family got the help we wanted for my child.	2660	97	1091	1232	257	62	18
11. My family got as much help as we needed for my child.	2645	95	1024	1172	330	97	22
12. Staff treated me with respect.	2760	98	1566	1056	97	28	13
13. Staff respected my family s religious/spiritual beliefs.	2522	99	1211	1089	205	13	4
14. Staff spoke with me in a way that I understood.	2746	99	1447	1169	109	19	2
15. Staff were sensitive to my cultural/ethnic background.	2480	99	1148	1074	232	17	9
As a result of the services my child and/or family received:	# of respond ents	% positive	SA	A	N	D	SD
16. My child is better at handling daily life.	2614	89	681	1228	477	177	51
17. My child gets along better with family members.	2611	86	625	1160	538	226	62
18. My child gets along better with friends and other people.	2619	89	629	1212	549	184	45
19. My child is doing better in school and/or work.	2489	89	644	1080	554	161	50
20. My child is better able to cope when things go wrong.	2603	81	527	1088	597	304	87
21. I am satisfied with our family life right now.	2632	83	624	1100	543	268	97
For questions 22-25 please answer for relationships other than your mental health provider(s)	# of respond ents	% positive	SA	A	N	D	SD
22. I know people who will listen and understand me when I need to talk.	2690	96	953	1376	267	70	24
23. I have people that I am comfortable talking with about my child's problems.	2678	96	984	1372	221	76	25
24. In a crisis, I would have the support I need from family and friends.	2704	95	1022	1282	268	90	42
25. I have people with whom I can do enjoyable things.	2694	96	985	1362	250	74	23

¹ % positive calculated by dividing sum of positive responses by sum of non-neutral responses.

² SA=strongly agree, A=agree, N=neutral, D=disagree, SD=strongly disagree.

2006 Consumer Satisfaction Survey Results - State Summary

Children (continued)

Please answer the following questions to let us know how your child is doing.

26. In which of the following places does your child currently live?	2686	Respondents
a. With one or both parents	2004	75%
b. With another family member	381	14%
c. Foster home	190	7%
d. Crisis Stabilization Unit/ Crisis Respite	0	0%
e. Homeless/Shelter	2	0%
f. Residential Treatment Facility	67	2%
g. Hospital	2	0%
h. Jail/Correctional Facility	5	0%
i. Other	35	1%
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27. In the last six months, did your child see a medical doctor (or nurse) for a routine health checkup?	2679	Respondents
Yes	2070	77%
No	609	23%
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28. In the last six months, did your child get arrested by police or go to court for something he/she did?	2688	Respondents
Yes	275	10%
No	2413	90%
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29. Was your child absent from school more than six days during the last school semester?	2426	Respondents
Yes	856	35%
No	1570	65%
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30. How long has your child received services from this Center?	2621	Respondents
a. Less than one month	253	10%
b. 1-5 months	565	22%
c. 6 months to 1 year	586	22%
d. More than 1 year	1217	46%
<hr/>		
31. In the previous school year, was your child promoted to the next grade?	2474	Respondents
Yes	2238	90%
No	236	10%
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32. Is your child covered by Medicaid/TennCare?	2663	Respondents
Yes	2469	93%
No	194	7%
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33. If you used TennCare Transportation Services, were you satisfied with the services?	789	Respondents
Yes	480	61%
No	309	39%
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Please answer the following questions to let us know a little about your child.		
34. Child's Gender	2603	Respondents
Male	1587	61%
Female	1016	39%
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35. Child's Race	2658	Respondents
a. White	1787	67%
b. Black (African American)	726	27%
c. Native American	12	0%
d. Asian	1	0%
e. More than one race	110	4%
f. Other	22	1%
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36. Child's Ethnicity	2393	Respondents
a. Hispanic	83	3%
b. Non-Hispanic	2310	97%

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Mental Health Consumer Satisfaction Survey

2006 - Adults

AGENCY _____ COUNTY _____ DATE _____

Please help us make services better by answering some questions about the services you currently receive or have received from this agency. We are interested in your honest opinion. Your answers are confidential and will not influence the services you receive. There is space at the end of the survey to comment on any of your answers.

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, fill in the "Not Applicable" bubble.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was given information about my rights as a mental health consumer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff told me what side effects to watch out for from my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Are you covered by Medicaid/TennCare?	<input type="radio"/>	Yes		<input type="radio"/>	No	
20. If you used TennCare Transportation Services, were you satisfied with the services?	<input type="radio"/>	Yes		<input type="radio"/>	No	<input type="radio"/> N/A

As a direct result of services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For questions 33-36 please answer for relationships with persons other than your mental health provider(s)						
33. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Over, Please)

Page 1

2006 Mental Health Consumer Satisfaction Survey (continued)

Please provide the following information to let us know how you are doing:

37. In which of the following places do you currently live?

- | | |
|---|--|
| <input type="radio"/> Private Residence | <input type="radio"/> Jail / Correctional Facility |
| <input type="radio"/> Crisis Shelter | <input type="radio"/> Institutional setting |
| <input type="radio"/> Homeless (shelter, car, on the streets, etc.) | <input type="radio"/> Other (describe) _____ |
| <input type="radio"/> Residential Care (group home / boarding home) | |

38. What is your current employment status?

- ☐ Employed (full time or part time)
- ☐ Unemployed (looking for work)
- ☐ Not in labor force (retired, homemaker, student, disabled, etc.)

39. In the last year, did you get arrested by police or go to court for something you did? ☐ Yes ☐ No

40. How long have you received services from this Center?

- | | |
|---|--|
| <input type="radio"/> Less than one month | <input type="radio"/> 6 months to 1 year |
| <input type="radio"/> 1-5 months | <input type="radio"/> More than 1 year |

About You:

41. What is your age now? _____

42. Your Gender: ☐ Male
☐ Female

43. What is your racial background?

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black (African American) | <input type="radio"/> More than one race |
| <input type="radio"/> Native American | <input type="radio"/> Other (describe) _____ |

44. Are you of Hispanic or Latino descent? ☐ Yes ☐ No

Please add any additional comments you wish to make about what services have been most helpful and/or what you think would make services better here.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Page 2

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
Mental Health Consumer Satisfaction Survey
2006 - Youth Services for Families

AGENCY _____ COUNTY _____ DATE _____

Please help us make services better by answering some questions about the services your child is currently receiving or has received from this agency. We are interested in your honest opinion. Your answers are confidential and will not influence the services you or your child receive. There is a space at the end of the survey to comment on any of your answers.

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, fill in the "Not Applicable"	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when he / she was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and/or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of the services my child and / or family received:

16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child is doing better in school and / or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For questions 22-25 please answer for relationships with persons other than your mental health provider(s)						
22. I know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have people that I am comfortable talking with about my child's problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Over, Please)

Page 1

2006 Mental Health Consumer Satisfaction Survey (continued)

Please answer the following questions to let us know how your child is doing.

26. In which of the following places does your child currently live? <input type="radio"/> With one or both parents <input type="radio"/> With another family member <input type="radio"/> Foster home <input type="radio"/> Crisis Stabilization Unit / Crisis Respite <input type="radio"/> Homeless (shelter, car, on the streets, etc.)	<input type="radio"/> Residential Treatment Facility <input type="radio"/> Hospital <input type="radio"/> Jail / Correctional Facility <input type="radio"/> Other (describe) _____
27. In the last six months , did your child see a medical doctor (or nurse) for a routine health checkup?	<input type="radio"/> Yes <input type="radio"/> No
28. In the last six months , did your child get arrested by police or go to court for something he / she did?	<input type="radio"/> Yes <input type="radio"/> No
29. Was your child absent from school more than six days during the last school semester?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
30. How long has your child received services from this Center? <input type="radio"/> Less than one month <input type="radio"/> 1-5 months	<input type="radio"/> 6 months to 1 year <input type="radio"/> More than 1 year
31. In the previous school year , was your child promoted to the next grade?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
32. Is your child covered by Medicaid / TennCare?	<input type="radio"/> Yes <input type="radio"/> No
33. If you used TennCare Transportation Services, were you satisfied with the services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

About Your Child:

34. What is your child's age now? _____	
35. Child's gender:	<input type="radio"/> Male <input type="radio"/> Female
36. What is your child's racial background? <input type="radio"/> White <input type="radio"/> Black (African American) <input type="radio"/> Native American	<input type="radio"/> Asian <input type="radio"/> More than one race <input type="radio"/> Other (describe) _____
37. Is your child of Hispanic or Latino descent?	<input type="radio"/> Yes <input type="radio"/> No

Please add any additional comments you wish to make about what services have been most helpful and/or what you think would make services better here.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!